



Collective Protection System Evaluation





Naval Ophthalmic Support and Training Activity

During the 2013 Memorial Day Holiday, HM1 Joann M. Cornell, NOSTRA's Naval Hospital Camp Lejeune Detachment Leading Petty Officer and her family, including little Parker Cornell, pictured above, traveled to Arlington, Va., to lay flowers on the grave of a family friend when President Barack Obama happened along and noticed the family's activities. After a few words with the family, the President noticed Parker and extended his arms to hold him. The mother said the occurrence was surreal.

"We were visiting Section 60 of the Arlington National Cemetery, the final resting place of Afghanistan and Iraq War Veterans," Cornell explained. "We heard cannon fire, signifying the President's departure. We noticed a large gathering of people and then we saw that President Obama was greeting. I thought it was neat that my family and I were going to have a chance to meet the President." Parker had recently awakened as the President arrived. "President Obama greeted us and then his eyes landed on Parker. He asked if he could hold him."

Cornell's husband had his cell phone handy and snapped the above photograph. She stated that her son's picture with the President has been distributed through world-wide media.



On the Cover:

U.S. Navy Reservists and active duty forces constructed a Chemically Hardened (CH) Expeditionary Medical Facility (EMF) at Naval Weapons Station Cheatham Annex, Williamsburg, Va., to test the integration of a collective protection system. With a collective protection system, an Expeditionary Medical Facility is protected against chemical, biological and radiological exposure. A CH-EMF is an EMF with a collective protection system integrated. CH EMFs provide medical personnel the capability to operate without having to be fully outfitted in individual protective or mission oriented protective posture gear.

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From the Commanding Officer



Capt. J.B. Poindexter, III, NMLC CO

In our last issue of *Logistically Speaking*, I briefly discussed how the Defense Medical Materiel Program Office (DMMPO) operates under the direction of the TRICARE Management Activity (TMA). In March 2012, Deputy Secretary of Defense, Ashton Carter, directed the establishment of a new organization, the Defense Health Agency (DHA) – and the dissolution of TMA in October 2013. This new entity, the DHA, will operate under the Assistant Secretary of Defense for Health Affairs and will also be designated a Combat Support Agency with oversight from the Chairman of the Joint Chiefs.

The DMMPO will transition into the DHA effective 01 October 2013. This is a great opportunity to continue the outstanding work it accomplishes while bringing it into the shared service arena of the DHA. The key objective of operating medical logistics as a shared service will be in standardizing the demand signal for medical supplies, equipment and services (e.g., housekeeping) and synchronizing/optimizing materiel purchasing and promoting ordering discipline.

While the DMMPO transitions in its entirety, it will continue its mission to recommend clinical, logistics and program policy, as well as supporting medical materiel development and acquisition processes across the Military Health System (MHS.) The purpose of this mission is to promote standardized medical capabilities and efficiency in the acquisition and lifecycle management of medical materiel. It is important to note that in addition to the current DMMPO staff, the new DHA Medical Logistics Division will include 14 personnel who will be detailed from the military services and transferred from JTF CAPMED at initial operating capability.

With the stand up of the Medical Logistics Division in the DHA, I do not anticipate any change to the Defense Medical Logistics Enterprise mission, vision or strategic focus. Nor will there be any duplication of Defense Logistics Agency provided products or services. While achieving these objectives, the Services will continue to execute their funds and ordering processes while the DHA Medical Logistics Division will focus on the corporate management of joint initiatives and standards and metrics oversight.

To put this in layman's terms, although the governance of the MHS is reforming, I firmly believe the transition to the DHA for the Medical Logistics shared service will be smooth, transparent and will add significant value (e.g., efficiencies and savings) for the MHS.

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The Public Affairs Officer

From the Command Master Chief

During my 26 years of naval service, I have come across a lot of people that have positively influenced my career and have helped me to develop greater insight and wisdom while serving my country. In May 2013, I bid farewell to Mr. Andrew Muenzfeld, who served as the Chief Operations Officer and retired with 36 years of government service.

An integral member of the command leadership team, Mr. Muenzfeld was a true leader and mentor to me since arriving here in September of 2011. He provided constructive criticism when needed, challenged my rational thinking on key decisions, and offered humor and candor when the day truly needed.

Often in key organizations such as ours, civilian personnel become the “thread” of which “fabric” is made and Mr. Muenzfeld was our “needle,” guiding and building our organization in becoming the premier partner in medical logistics for Navy medicine and our partners worldwide.



HMCM(FMF) David L. Hall, NMLC CMC

Andy, if you are reading this, I am grateful to salute you for your dedication of work towards Naval Medical Logistics Command and I wish you to have a great future ahead after your retirement!

On another note, NMLC recently had two significant events that I would like to briefly mention. In June, NMLC hosted our command picnic and in July, we hosted our command Diversity Heritage Recognition celebration. I want to thank everyone for their consistent participation and for truly being committed to making these events successful, both by your contributions in working to bring the events together and by your involvement and support by attending the events. I want to encourage you to try to make time to continue participating in future events because your involvement is what makes these events successful. Here are a few photos from the command picnic.



Leave & Time off for Individual Set Asides

By Michele E. Cameron

In this article we'll discuss leave and time-off rules for Individual Set Aside contracts (ISAs), Multiple Award Task Order Contracts (MATOs) for individual providers and MATOs for coverage. We'll also address Furloughs and other Government shutdown situations. This article applies to personal service type contracts under which the Navy has contracted for individuals.

When approached with a question regarding leave, don't forget all contracts are not the same. As our needs evolve, our contracts reflect those needs and changes. The first step is to take a look at the applicable contract and see what the current leave language dictates in the statement of work. Refer also to the Contract Administration Plan (CAP). Here you'll find specific roles and responsibilities concerning the management of the contract. The supervisor must follow the rules as stated in the contract; however, there are some flexibilities.

Understanding what type of contract you are dealing with is necessary in order to decide how to handle leave and other paid time off issues. There are two types of contracts under which personal services are contracted. An ISA is a contract that has been awarded directly to an individual. Companies, other than single member Limited Liability Corporations or sole proprietorships, are not



eligible for award of an ISA. MATO contracts are the principal contracting tool for Navy Medicine. MATOs are a type of contract called indefinite delivery, indefinite quantity (IDIQ). MATOs involve several contractors who are awarded identical base contracts, then continue to compete for new work via task order proposal requests (TOPRs). The resulting task order could be for either an individual Health Care Worker (HCW) or coverage. For coverage task orders the contractor is responsible for recruiting sufficient HCWs to cover the requirement and provide the work schedule to the Government. The contractor can have many providers credentialed to ensure all hours/shifts are filled under a contract. When contracting for an individual, using

either an agency or ISA type contract, the provider is generally treated like a Government employee since they are supervised and their schedule is controlled by the Government. Those characteristics will be important in making contract administration decisions, particularly for leave and other paid time off issues.

Let's begin with one of the most common types of leave, Administrative leave. Administrative leave is a non-disciplinary paid absence from

work. Administrative leave can be applied under unusual circumstances such as weather emergencies or natural disasters. Such paid administrative leave can be approved in cases where clinical operations have been suspended by direction of the Commanding Officer (CO) of the facility or the base commander.

Another common type of leave or absence is Leave With-Out pay (LWOP). Leave With-Out Pay, which must be approved in advance by the Commanding Officer (CO), occurs when an individual has exhausted all their leave. If the LWOP or annual leave is not approved, then the HCW must come to work. Otherwise, the absence is unapproved LWOP and should be dealt with accordingly. Notifying the contractor as

a provider is approaching LWOP status is beneficial to all. If a contractor is not at the MTF performing services military and civilian staff must cover, causing stress, exhaustion and morale issues. Ultimately, patient safety could be at risk. In addition, the contractor cannot bill for this time and is not receiving a financial benefit. LWOP is generally handled the same under contracts with individuals. Even if in an LWOP status, the contractor can accrue leave if any time is worked during the pay period.

MATO contractors are required to replace individuals who've been in LWOP status for greater than 40 hours. LWOP is not an issue under coverage contracts. In this type of contract, the HCWs accrue leave from the contractor rather than the Government under the contract. Leave pay doesn't appear in contract pricing as a billable item, but rather it is amortized by contractor across the billable service hours shown in the contract.

Moving on to the Family Medical Leave Act (FMLA), we see a very different and sometimes complicated form of leave. The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. The Family Medi-

cal Leave Act allows for 12 work-weeks of leave in a 12-month period. Under the Family Medical Leave Act a HCW may use accrued leave and LWOP totaling up to 12 weeks if approved by the CO. The HCW must be notified in writing

that an absence is being designated as FMLA leave. However, if the MTF will require a replacement worker, the CO should not approve the individual's leave under FMLA. Instead of FMLA, LWOP should be authorized with the understanding



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that a replacement will be provided for the HCW once in that status for a total of 40 hours per task order.

It's human nature to want to reward an employee for outstanding job performance. This brings us to a question we hear frequently regarding the granting of leave as an incentive award. The granting of administrative leave as an incentive award is generally not encouraged by ethics guidance. However, some MATOs, particularly for dental services, include provisions that allow the establishment of an incentive program that can include time-off awards. Such incentive programs generally trade time off for measurably higher productivity. In order to implement such awards, the formal incentive program must be developed and included as a binding provision of the contract. Time off awards cannot be granted in the absence of such a formal incentive plan.

Even more important than the desire to reward good work via time off is the need to provide time off for actual unscheduled time worked. The compensatory time (comp time) provisions of the MATO contracts apply to situations where the HCW remained on board in excess of the normal work hours in order to complete ongoing patient care. The time spent with the patient is in furtherance of the contract and such comp time can be approved. However, it's important to review the terms of the contract and only allow comp time in accordance with those terms. The use of comp time should be dis-

cussed and scheduled between the HCW and the supervisor.

Unlike incentive awards or comp time worked, jury duty is generally out of both the worker's control as well as the supervisor. Therefore, at the discretion of the Commanding Officer, paid time off may be allowed for jury duty.

Accrued leave is very much under the HCW's control and should be scheduled appropriately. Unless otherwise stated in the task order, accrued leave must be used within 90 days following the completion of a task order is a Logical Follow On has been issued or within 90 days of the exercised option period. If there is no LFO or exercise of an option, all accrued leave not used by the end of the current period of performance will be forfeited. Should a HCW separate from the Govern-

ment any accrued leave that is unused by the separation date shall be forfeited.

A less common type of leave, military leave, refers to employees who are reservists and possibly called to active duty. Under NMLC contracts for individual HCWs, documented military leave for military reservists is allowed, not to exceed 15 days per fiscal year, in accordance with 5 U.S.C. 6323(a). This leave may be taken intermittently, i.e., one day at a time and may be carried over into the next fiscal year. Military reservists who perform full-time military serve as a result of a call or order to active duty in support of a contingency operation may take up to 22 days per calendar year of military leave, in accordance with 5 U.S.C. 6323(b). Documented military leave taken in accordance with U.S.C. 6323 (a)





HCWs can participate in command social events such as picnics and holiday parties. Should the HCW choose to attend the event, it's recommended that they take leave or LWOP in accordance with the applicable contract terms and conditions. Since contractor attendance at picnics and similar social events cannot be considered performance in furtherance of the contract, paid administrative leave should not be granted. If the Commanding Officer makes a decision to grant paid administrative leave to contract workers, they should be aware of the potential scrutiny asso-

and (b) is compensated leave. The HCW shall follow the policy of the MTF with respect to notification of scheduled military duties to the Command Officer.

Generally all workers look forward to holidays and the opportunity to have a day off. Contracted health care workers are no different. HCWs shall be paid for Federal Holidays identified in the contract if they are scheduled to work that day and they accrue leave. The individual will be compensated for the number of hours scheduled to work but not to exceed 12 hours. In general, leave accruing positions receive the benefit of Executive Orders if scheduled to work at that time. HCWs don't accrue leave under MATO coverage contracts; therefore there is no accrual of

holiday benefit or holiday created by an Executive Order.

Unlike holidays, employees don't look forward to possible furlough situations. Involuntary furloughs, or temporary unpaid leave, may be long or short term. Under a furlough or Government shutdown, fully funded contracts continue. Government personnel must remain to effectively monitor and manage contractor performance. The CO will determine who is considered in an excepted/non-excepted position. Those contract HCWs performing excepted functions will continue to work but won't get paid until there is an appropriation to charge. Those performing non-excepted functions may not work.

Finally, one of the most frequently asked questions is whether or not

associated with paying for services that were not received. There are other considerations regarding contractor participation in social events. Contract employee attendance at a command social function creates the potential for a workers compensation claim in the event of an injury. The workers compensation liability burden would most likely fall on the contract company should they be performing under a MATO contract. If so, it's advisable to coordinate attendance with the contract company. DoD guidance can be found in the Time Management section (page 10) in the "Ethics of Contractors in the Workplace" at www.dod.mil/dodgc/defense_ethics. The sequence of links to find this:

Ethics Resource Library
Ethics Counselor's Desk book
Special Interest Items
Contractors in the Workplace LS

Helpful Hints for STREAMLINED and TEST STREAMLINED Closeout Procedures

By Sheila Gorman

Ref: (a) NAVSUP 4200 (series)
21A1/3147 SA03/19 of 3 Oct 03; 216/9130
11-07 of

21 Mar 11; 210/5104 5-11 of 21
Apr 05

(b) Link for BUMED Closeout
SOP:

[https://wwwa.nko.navy.mil/portal/
navymedicine/fip/home/sop](https://wwwa.nko.navy.mil/portal/navymedicine/fip/home/sop)

(Scroll down and click on Con-
tract Closeout icon)

In general, when certain qualifications for either Streamlined (SAP) or Test Streamlined (Federal Supply Schedule) (FSS-includes GSA and VA) Closeout awards are met, the award can be considered closed.

STREAMLINED QUALIFICATIONS (generally SAP):

Awards using Simplified Acquisition Procedures (SAP).

Award is under the Simplified Acquisition Threshold (SAT), which is currently \$150K.

Award can be considered closed less than 180 days after scheduled delivery if there is evidence of receipt of supplies/services and final payment. **Evidence of final payment and delivery** may be a contracting officer decision. Normally, a financial report showing PAID IN FULL can be used. This report can be used as vendor and/or activity confirmation as this process includes invoicing, accepting, and certification.

Award can be considered closed 180 days (and over) after the scheduled delivery date if there is no indication that final delivery and final

payment have not occurred by that date.

TEST STREAMLINED QUALIFICATIONS (generally FSS, GSA, VA, and IDTC):

Firm-fixed price orders placed against FSS awards or IDTC contracts. Up to \$500,000.

Two-year test period (now extended to 21 Apr 14, per NAVSUP Policy 4200 N72D2/12077 12-13 of 11 May 12).

Contracting officer maintains administration of the procurement.

Can be considered closed when the contracting officer receives evidence of receipt of supplies/services and final payment (**Evidence of final payment and delivery** may be a contracting officer decision. Normally, a financial report showing PAID IN FULL can be used. This can be used as vendor and/or activity confirmation, as this process includes invoicing, accepting, and certification) OR 180 days after the scheduled delivery date unless there is any indication that final delivery/completion and final payment have not occurred by that date.

Contract completion documentation should be minimized and limited to a statement in the delivery/task order file that the contracting officer considers the file closed out in accordance with the procedures noted.

OPEN MARKET NOT USING SAP:

These types of awards do not fit in either Streamlined or Test Streamlined Closeout procedures. Non-Streamlined Closeout procedures would be followed.

NOTES FROM THE NMLC CLOSEOUT TEAM:

Both Streamlined and Test Streamlined Closeout procedures are required to be reported annually. It is recommended that a metric be continuously updated as closeouts are completed.

In less than one percent of Streamlined Closeouts, an award may need to be re-opened. In such a case, the contract is re-opened and modified. A space is designated in the annual metric for such a scenario.

It has proven helpful to note the closeout method in a routine place on the DD1594 (such as Block 8) in order to find the information quickly.

The NMLC Closeout Team has attached a sample Memo to File for use with either Streamlined or Test Streamlined Closeout procedures. For "Reason," check all that apply but note that either SAP (Streamlined) or FFP (Test Streamlined) should be checked.



Memorandum to File

From: Enter your name here

Date: Enter date here

Re: Streamlined Contract Close-out – Contract N62645-XX-X-XXXX (XXXX)

In accordance with NAVSUP letter SA-03-19 of 03 Oct 03, “files for contracts using simplified acquisition procedures under the simplified acquisition threshold, where the contracting officer maintains administration of the procurement, should be considered closed when the contracting officer receives evidence of receipt of supplies/services and final payment **OR** 180 days after the scheduled delivery date, unless there is any indication that final delivery (physical completion) and final payment have not occurred by that date.”

Furthermore, NAVSUP policy letters 05-11 of 21 Apr 05; 07-21 of 5 Apr 07; 09-22 of 10 Jul 09; 11-07 of 21 Mar 11; and 12-13 of 11 May 12, test program for streamlined contract close-out, authorizes use of expanded streamlined close-out procedures for firm-fixed (FFP) price delivery/task orders issued against GSA Federal Supply Schedules or IDTC (indefinite delivery type contracts) up to \$500,000 for a two year test period. NAVSUP policy letter 12-13 extends the test period to 21 Apr 2014.

Reason: (check all that apply)

_____ Evidence of receipt of supplies/services and final payment has been received

_____ 180 days have lapsed since scheduled delivery date and there is no indication that final delivery (physical completion) and final payment have not occurred

_____ SAP - simplified acquisition procedures < \$150,000; excludes F orders

_____ (FFP) price delivery/task orders issued against GSA Federal Supply Schedules or IDTC (indefinite delivery type contracts) up to \$500,000; includes F orders

Based on the above information, subject contract is considered eligible for streamlined closeout.

Navy Evaluates Collective Protection in Expeditionary Medical Facility

By Julius L. Evans, Naval Medical Logistics Command Public Affairs Officer

During May 2013, U.S. Navy Reservists and active duty forces constructed a Chemically Hardened Expeditionary Medical Facility at Naval Weapons Station Cheatham Annex, Williamsburg, Va., to test the integration of a collective protection system.

With a collective protection system, an Expeditionary Medical Facility is protected against chemical, biological and radiological exposure. Simply stated, a CH-EMF is an EMF with a collective protection system integrated. CH EMFs provide medical personnel the capability to operate without having to be fully outfitted in individual protective or mission oriented protective posture gear.

Expeditionary medical facilities are globally positioned to support combat operations worldwide. Self-supportive EMFs assure the ability of medical personnel to provide world-class medical care to wounded warriors in their most vital time of need.

Evaluation participants included the Expeditionary Medical Logistics Program Office, the Collectively Protected Field Hospital Program of the Joint Program Executive Office for



Members of Construction Battalion Maintenance Units 202 and 303 worked closely together installing the Collective Protection inner lining in the Expeditionary Medical Facility during the system evaluation.

Chemical and Biological Defense Joint Project Manager for Protection, the U.S. Army Medical Department Board, the Construction Battalion Maintenance Units 202 and 303, the Navy Expeditionary Medical Support Command, the Navy Medicine Education and Training Command, the Naval Expeditionary Medical Training Institute and the Navy Reserves Expeditionary Medical Facility, Great Lakes One.

"This evolution was significant on a number of levels," said William Hartmann, U.S. Navy Bureau of Medicine and Surgery Expeditionary Medical Logistics Program manager.

"The Navy is considering all aspects of collective protection for field

hospitals. This month, we are evaluating the system under conditions similar to what may be expected in an operational environment."

The CPFH Program is responsible for providing collective protection equipment used throughout the entire medical facility. Although this is the Navy's first experience with collective protection for EMFs,

others have incorporated this unique method of protection in their facilities.

"Collectively protected field hospitals were deployed by both the U.S. Army and the U.S. Air Force during Operation Iraqi Freedom in the event of a possible chemical or biological attack," said Brian Rainer, the product manager for the CPFH Program.

"The protective aspect," he continued, "is accomplished by using filtration units. All outside air introduced into the hospital is first filtered with military grade filters and then environmentally conditioned. The filtered air is provided at an overpressure which prevents contaminants from entering the hospital. The overpressure is maintained by sealing the hospital with chemical and biological re-

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sistant liners. Personnel and patients enter and exit the hospital through special airlocks."

During the evaluation phase, medical personnel were enclosed within the facility for 72 hours. Simulated patient scenarios were conducted to provide a realistic feeling to the event.

"Being locked in a field hospital for 72 hours provided the opportunity to prepare for a possible deployment and to train for a mass casualty event within an air-locked facility," said Hospital Corpsman 3rd Class Caitlyn Strader of Hindsboro, Ill. "I was excited to work with a diverse number of people from across the nation to learn new ways of approaching trauma injuries."

The U.S. Army Medical Department Board, located at Fort Sam Houston, Texas, provides independent



Standing by, U.S. Navy Reservists and active duty forces experienced real-world scenarios during the 72 hour evolution.

It provides assessments of emerging concepts, doctrine, and advanced technology applications applied to the delivery of healthcare, both on the battlefield and in fixed facilities. It con-

Martin D. McCue, commanding officer, Navy Expeditionary Medical Support Command, Cheatham Annex, Williamsburg, Va.

"Expeditionary Medical Facilities from prepositioned storage sites were brought here during Operation TRIDENT ARCH, an evolution in which EMFs are rotated from ashore and afloat locations to upgrade and retrofit as a part of their life cycle management."

Now situated on a four acre training site, the EMF constructed at Cheatham Annex is playing host to practically every medical casualty situation that could be encountered by operational facilities in real-world situations.

And as expected, the collective protection system evaluation for the EMF has a good deal of attention. Results from the evaluation will be used to support a formal fielding decision by the JPEO-CBD for the CH EMF. LS



The Expeditionary Medical Facility was situated on a lot four acre and allowed personnel to practice many of the scenarios that medical personnel might experience in

operational test and evaluation of medical and medical-related materiel and information technology products in support of the Army and Department of Defense acquisition process.

ducted the CH EMF operational test.

"Collaboration of the elements to make this a successful collective protection system evaluation was a tremendous undertaking," said Capt.

Editorial

Just One Surgeon's Opinion

By COL Kimberly L. Kessling, MD ACoS,
Clinical Operations, Southern Regional Medical Command

Standardization of Equipment and Supplies... as a surgeon, that phrase is enough to make me want to run screaming into my commander's office. Providers pride themselves on having the toughest patients and doing the most complicated procedures, and the thought that we should be "forced" to use all the same things is very foreign to a military provider. We have been allowed to move from place to place standardizing our workspace to our particular needs with impunity. We sometimes buy thousands of dollars of special widgets because "that is what I use", only to move in 2-3 years leaving all of that behind. Often the next person does not use that particular brand or type of equipment. The result is a lot of waste for the logistics system and a huge burden on the individual MTFs.

As a MEDCOM leader and a pragmatist, I recognize that the budgets are getting smaller and that cuts will be made whether I want them to or not. So, providers need to be very careful about which battles they want to fight. As a spinal surgeon, I can use hundreds of thousands of dollars worth of implants in a single case. I have a specific brand that is neither the most nor least expensive, but is one that I have learned and works well with my skill set and in my patient population. I try to use the same implements and implants, the same way



every time in similar patients, and remarkably I can get similar results. (Sounds a lot like standardization.)

However, I do not want to be told that due to budgetary considerations I need to use this type of implant only or that I cannot operate on this type of patient because we cannot support the surgery. So trade-offs must be made.

The most efficient way to purchase bulk items is in bulk. Therefore, the system benefits when we choose a product and then purchase it for all the MTFs in the system. We can get a better price, we can ensure that the quality is the same across the enterprise; and when we PCS, we will find the same things at the next place we go to work. That makes the system more cost effective and efficient. Does that mean that we have to standardize every purchase... NO!!!!. But to be able to buy the



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special widget we need to care for a patient, we need to be willing to compromise on the I.V. tubing, the CHUX, the gloves and gowns, and the standard operating tables. These things really take very little change in practice to incorporate, do not affect the outcome, and are vetted for clinical efficacy by our peers across DOD prior to being chosen for purchase.

As Medical leaders we need to embrace the fact that when we purchase the day-to-day supplies, we may not get the color or exact texture or brand we are used to using and so we will have to initially adapt. This will actually make moving between facilities easier because we will know what to expect when we get there. This will save us the money to buy the special implant or new piece of equipment we need to take care of our patients in house. We need to stop putting up roadblocks for our commanders to jump over when it comes to this standardization; if you have a medical condition that precludes using a

certain type of glove, then we can make exceptions but personal preference needs to be last on the list of reasons not to conform to the rest of the enterprise.



This will be a hard pill to swallow for some, and I know it is not popular. I cannot tell you how irritating it is to go to the Operating Room, ask for your gloves only to get a different feel or thickness because they changed them without notice. I hate that. The intent of this initiative is to both give us a good product and to stop the hopping

from brand to brand that happens so regularly in our facilities. Gloves are just an example, but I am certain you get my point. In the end, it will save money and aggravation.

Bottom-line is that change in the way we purchase supplies and equipment is coming. Individuals will no longer be able to get the special gown or glove or catheter without a medical reason. So each of us can either be part of the process and work to help the system pick a good product and then use the savings to get the special things we need or we can price ourselves out of the market and watch our patient be cared for by the civilian health care system as they reform. I prefer to take care of our own, and I am willing to work with the system

to be safe, efficacious and efficient. If we do it correctly as a system, I will still get to use my brand of implants.

Just one Surgeon's opinion... LS

SMALL BUSINESS PROGRAMS



WELCOME TO BIZ BUZZ !

Biz Buzz is where you will find what's happening with NMLC's Small Business Program Office, as well as general small business information and news you can use.

What's the BUZZ?

Biz Buzz is where you will find what's happening with NAVMEDLOGCOM's Small Business Program Office, as well as general, small business information and news you can use.

What's the *Buzz*? Small Business Goals! What are they and where do they come from? Everyone, from government acquisition staff, to program managers, to contractors has heard about "small business goals". But not everyone may fully understand where they come from, how they are developed, or what purpose establishing goals achieves -- this article will address several of these points and additionally talk about our collective performance toward meeting those goals.

The U.S. Small Business Administration (SBA) is responsible for the management and oversight of the small business procurement process across the Federal Government. SBA negotiates with Federal agencies concerning their prime contracting goals and achievement with small businesses to ensure that small businesses have the maximum practicable opportunity to provide goods and services to the Federal government. The statutory level (goal) is 23%; meaning that 23 cents of every dollar awarded to prime contractors doing business with the Federal government shall go to small businesses. In addition to the overall 23% goal, there are sub-goals representing specific socio-economic categories of small businesses, such as small disadvantaged businesses, woman-owned small businesses, service disabled veteran-owned small businesses, and HUBZone small businesses, as reflected in the chart below:

<i>Category</i>	<i>Statutory Goals (Percentages)</i>
Small Business (Overall)	23%
<i>Specific Socio-economic Groups</i>	
Small Disadvantaged Business (SDB)	5%
Woman-Owned Small Business (WOSB)	5%
Service Disabled Veteran-Owned Small Business (SDVOSB)	3%
HUBZone Small Business (HUBZone)	3%

Prior to the beginning of each fiscal year, Federal agencies send proposed small business goals, relative to their past performance, to the SBA. The SBA's Office of Government Contracting determines if these individual agency goals, in the aggregate, meet or exceed the [government-wide statutorily mandated goals](#) in accordance with section 15(g)(1) of the Small Business Act. The SBA negotiates annual goals respective to each Federal agency. When negotiations are complete and goals are established, a letter is then prepared for the signature of the Associate Administrator of Government Contracting (as delegated by the SBA Administrator) to each agency head accepting agency goals. Agencies are informed in this letter that achievements will be measured against the accepted goals and the goals are disseminated down to the agency's specific buying commands.

The DoD establishes separate small business goals with each branch of the Service (e.g., Army, Navy, Air Force, etc), who each in turn, have goals established for their major buying commands. For example, DoN has goals established for Naval Supply Systems Command, Naval Air Systems Command, Naval Sea Systems Command, and so forth. As you might imagine further, these major buying commands establish goals for their respective field activities. For example, Naval Supply Systems Command (NAVSUP) is the Head, Contracting Activity (HCA) for the fleet logistics centers, as well as those acquisition offices that support Navy medicine requirements (e.g., BUMED and NAVMEDLOGCOM). The following table illustrates specific percentages:

Component	FY2013 Small Business Goal Percentage
Dept of Defense (DoD)	22.5%
Dept of Navy (DoN)	16%
Naval Supply Systems Command (NAVSUP)	30%
Navy Medicine (NAVMEDLOGCOM/BUMED)	67%

Historically, NMLC has done very well in meeting or exceeding established small business goals. A significant part of NMLC's acquisition portfolio includes personal services health care staffing contracts (e.g., clinical health care workers) and these acquisitions continue to be set-aside exclusively for small businesses. This acquisition strategy has enabled NMLC to achieve high goals continually. NMLC is going a step beyond, doing a "set-aside within a set-aside," starting in FY2013. Where all health care staffing services contracts are small business set-asides, NMLC is doing restricted set-asides to SDVOSB contractors. This strategy can be a great option for those offices who need help meeting their goals in a given socio-economic category and where market research supports this effort.



Mr. Sean Crean, Director, DoN's Office of Small Business Programs, presents an award to NMLC for achieving small business goals at the 2012 DoN OSBP training seminar.

At most acquisition offices, it has been difficult to meet the goals for acquisitions awarded to HUBZone small businesses. HUBZones are geographic locations, as determined by census data, that operate and employ people in *historically underutilized business zones*. Difficulty in meeting HUBZone goals by contracting offices can be attributed to fewer qualified HUBZone contractors whose products or services align to what a particular contracting office procures.

Why establish small business goals? Goals serve an important purpose and further provide the mechanism to reach success that every business seeks. Striving to meet small business goals helps industry, which yields strong returns and strengthens our economy as a whole. A familiar saying is that "small businesses are the backbone of the American economy". There is a great benefit to supporting small businesses, whose innovation, dedication, and determination have come to symbolize the infrastructure of our country.

Information for this article was obtained in part from the SBA (www.sba.gov). For any questions on this article or if you have any suggestions for future articles, please contact Ms. McReal at Mimi.McReal@med.navy.mil or via phone at (301) 619-3097.



Minimum Guarantees

By Melanie Muscar and Heather Skimson

If you have been in Navy Medicine's contract arena for at least a few years now, you have probably already experienced the turnover of a set of large indefinite delivery/indefinite quantity (IDIQ) contracts. You might even recall the days when the contracting office at Naval Medical Logistics Command awarded "Lots," which were actual task order requirements awarded concurrently with the base contract. Due to protest issues concerning the disparity of Lot awards among contract awardees and other reasons, we shifted to using "representative pricing" for a notional sample of the types of requirements likely to be issued as task orders. Representative pricing enabled us to establish trends in vendor pricing in order to make a determination about how their pricing would fare when actual orders are placed.

The acquisition of "Lots" exhausted more time on the front end because of the time to coordinate and establish firm requirements. "Representative pricing" adds time onto the back end because immediately after award of the basic contracts we had to issue and evaluate task order proposal requests for the actual requirements. Both approaches have advantages and disadvantages, but what we didn't anticipate was that the minimum guarantee requirement would be the driving force to further alter our business practice. With all of the recent changes to our IDIQ process for personal services, it is worth further discussion on the "why" and "how" minimum guarantees are impacting our business practices today.

In establishing the guaranteed minimum quantity in an IDIQ contract, an agency must consider both contracting and appropriations law principles. From the contracting side, the Federal Acquisition Regulation (FAR) addresses the need for a minimum guarantee on IDIQ contracts in FAR 16.504(a)(1)-(2):



(a) Description. An indefinite-quantity contract provides for an indefinite quantity, within stated limits, of supplies or services during a fixed period. The Government places orders for individual requirements. Quantity limits may be stated as number of units or as dollar values.

(1) The contract must require the Government to order and the contractor to furnish at least a stated minimum quantity of supplies or services. In addition, if ordered, the contractor must furnish any additional quantities, not to exceed the stated maximum. The contracting officer should establish a reasonable maximum quantity based on market research, trends on recent contracts for similar supplies or services, survey of potential users, or any other rational basis.

(2) To ensure that the contract is binding, the minimum quantity must be more than a nominal quantity, but it should not exceed the amount that the Government is fairly certain to order.

Turning now to focus on the fiscal appropriation laws, the DOD Financial Management Regulation, Vol. 3, Ch. 8, Sec. 080404 states:

In the case of indefinite quantity contracts for supplies or services that specify delivery of minimum quantities during a given period, an obligation must be recorded upon execution of the contract for the cost of the minimum quantity specified.

Additionally, the Principles of Federal Appropriations Law (Red Book); Annual Update of the 3rd edition, GAO-13-273SP, March 7, 2013, Chapter 5, Section B *The Bona Fide Needs Rule*, Paragraph 8 "Multi-year Contracts" states:

When an agency executes an indefinite-quantity contract such as an IDIQ contract, the agency must record an obligation in the amount of the guaranteed minimum purchase. At the time of award, the government commits itself to purchase only a minimum amount of supplies or services and has a fixed liability for the amount to which it committed itself. See 48 C.F.R. §§ 16.501-2(b)(3) and FAR 16.504(a)(1).

An agency is required to record an obligation at the time it incurs a legal liability. 65 Comp. Gen. 4, 6 (1985); B-242974.6, Nov. 26, 1991. Therefore, for an IDIQ contract, an agency must record an

obligation for the guaranteed minimum amount at the time of contract execution. See B-318046, July 7, 2009.

In establishing the guaranteed minimum quantity in an IDIQ contract, an agency must consider both contracting and appropriations law principles. The guaranteed minimum must not only constitute sufficient consideration to make the contract binding, but also reflect the bona fide needs of the agency at the time of execution of the contract. See B-321640, Sept. 19, 2011.



Previously, we interpreted the law to mean that minimum guarantees had to be met within the lifetime of



the contract, which is traditionally five years in length. Further discussion resulted in a change that the minimum guarantees had to occur within the fiscal year that the basic contracts were awarded so as to satisfy the bona fide needs rule. Particularly evident on the fiscal side of the house, “the time of execution of the contract” is a phrase that appears frequently in the financial regulations and GAO case law. Deputy Assistant Secretary of the Navy (Acquisition and Procurement) (DASN AP) inter-

prets this requirement to mean that a minimum guarantee must be funded concurrently with the award, i.e., *issued on the basic contract*. DASN AP is keeping track of compliance of this requirement by monitoring awards posted on <http://www.defense.gov/Contracts> to ensure that obligations are made at the time of award.

What does this mean to customers? Think of the minimum guarantee like a deposit. It means that customers will be asked to provide a funding document for the amount of the minimum guarantee on each contract at the time the basic contracts are awarded. Whether the requirement has “Lots” or “representative pricing”, the minimum guarantee must be funded on each IDIQ basic contract. In the case that a single set of IDIQ contracts services multiple customers, customers will share the responsibility of funding the minimum guarantees. There is no magic formula for determining the amount of a minimum guarantee, but since it cannot be a nominal quantity, we have to look at the requirement as a whole and consider what is likely to be ordered. On recent acquisitions, the minimum

guarantees have been issued at \$25,000, which is comparable to the services of a Medical Assistant for at least six months of service and likely the *minimum* the Government is fairly certain to order.

The application of the minimum guarantee on the basic contracts does not mean that the \$25,000 gets expensed as a fee or cost of service to get the contracts established. If we consider it to be similar to a deposit, the \$25,000 is used only in the event that a task order is not awarded within the first fiscal year totaling at least \$25,000. If a task order of at least \$25,000 is awarded to the contractor within the first fiscal year, the funding provided on the basic contract will be de-obligated by the Government and returned to the customer. With minimum guarantees being a new interest item of DASN AP, we are adjusting our scope to be certain we maintain both contracting and fiscal compliance. As always, should any of the changes we implement in our acquisition process create questions or cause confusion, customers are encouraged to contact their contract specialists and contracting officers for clarity and discussion. **LS**

Removing Money from the STARS System Without A Contract Modification

By Alexis Dankanich

Manual adjustments to the obligated amount in the Standard Accounting and Reporting System (STARS) can cause issues in contracting. The Standard Procurement System (SPS) interfaces with

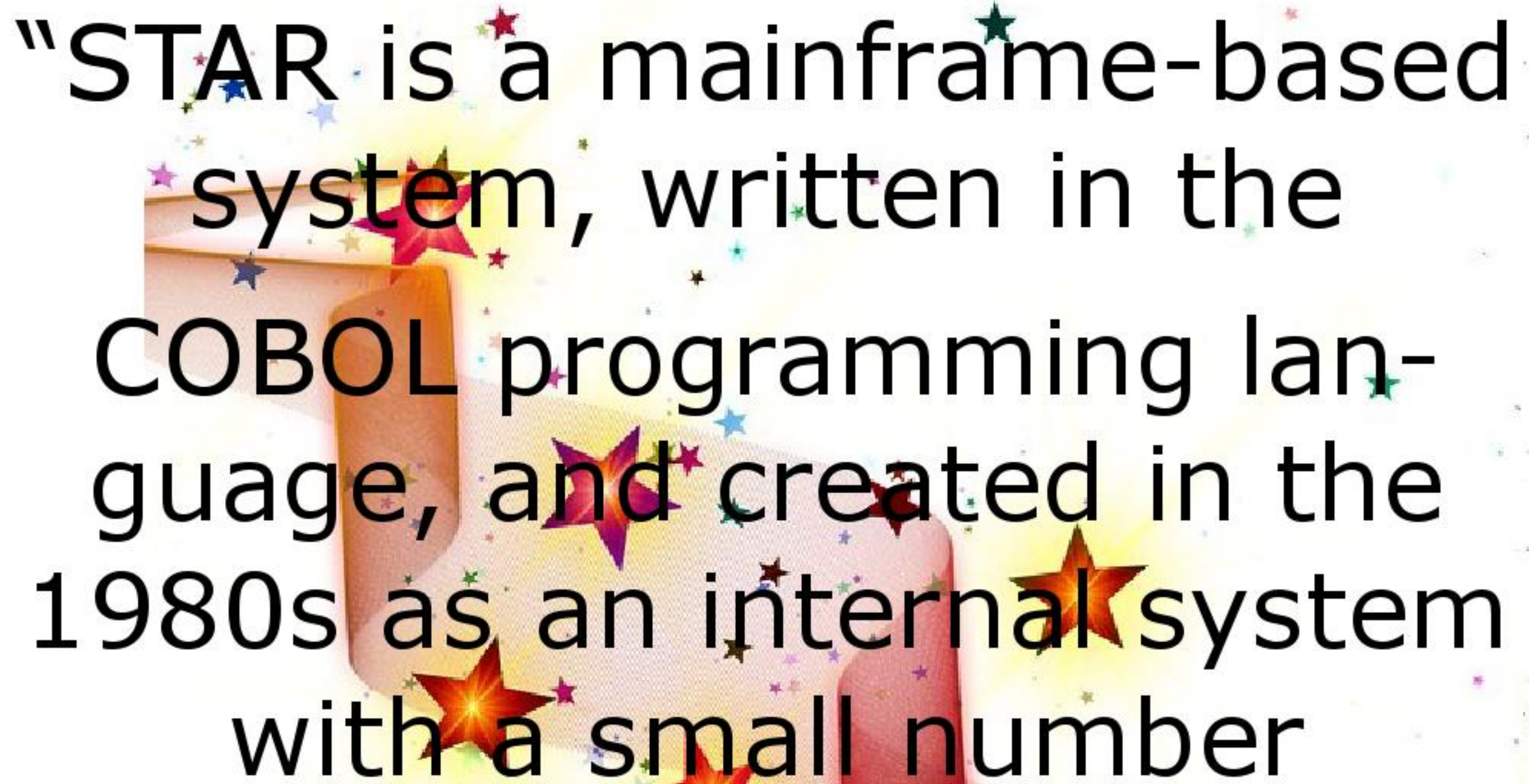
create confusion on quantity of funds still available on an award.

This confusion can also result in discrepancies on modifications.

Even worse, funds may be disbursed beyond that allowed by the contract,

tract would then try to remove the funds from STARS a second time.

This would create a negative obligation in STARS. It is important to remember that only a warranted Contracting Officer has the authority to



"STAR is a mainframe-based system, written in the COBOL programming language, and created in the 1980s as an internal system with a small number

of STARS and will adjust the obligation in STARS at the time of contract award release in SPS as well as for each funding modification released. Manual adjustments to the obligation in STARS interrupts this process, and will result in the STARS amount not equaling the contract amount. Manual adjustments can

resulting in an Unauthorized Commitment. An example of the issues manual adjustments can create: an amended funding document is issued to deobligate excess funds on a contract, and a manual deobligation is performed at the same time to remove these funds in STARS. The deobligating modification to the con-

tract would then try to remove the funds from STARS a second time. This would create a negative obligation in STARS. It is important to remember that only a warranted Contracting Officer has the authority to

Occasionally there are situations where a manual adjustment of the obligation in STARS is required. The best rule of thumb to use is, a manual adjustment should reconcile the obligated amount to match the

LOGISTICALLY *speaking*

unspent funds from the award. The “OBL” amount plus the “610” amount should equal the contract amount. Ideally the obligated amount in STARS should always be what is left unpaid on the contract. At time of contract close

FP: REG: SNDF STARS/FL 07/25/2013 LXR20S2
DOC/ACRN/PIIN INQUIRY DISPLAY

DOC NR: ACRN: DTS TRIP REC NR: MTH+1:
PIIN: ACRN: SPIIN/CALL NR: 0045 CLIN: SLIN:

ACTION	DOC NR/ACRN	PIIN NR/ACRN	SPIIN	CLIN	SLIN	OBL AMT	610 AMT
N	08RCGP501 AA	N 06D5023	0045			.00	10758.08



out, the SPS contract amount should equal the paid amount in STARS, which should also equal the cumulative total(s) on the funding document(s) and there should be a zero “OBL” amount.

Attached is a real example of a manual adjustment that has caused conflicting data. This is the most frequent type of issue encountered at time of final review in preparation for closure. The SPS contract amount in this case is \$16,768.80. However when we look at the basic STARS report on the first page, the “610” amount is \$10,758.08. There is a zero “OBL” amount, so where is that \$6,010.72

FP: REG: SNDF STARS/FL 07/25/2013 10:17:14 LXR20S3
DOC/ACRN INQUIRY DISPLAY PAGE: 6

DOC NR: ACRN: AA DTS TRIP REC NR: MTH+1:
PIIN: N 06D5023 ACRN: AA SPIIN/CALL NR: 0045 CLIN: 0002 SLIN:
GA: 97 TA: 00 APPN: 080130 SBHD: 188E OB/BCN: 00211 SX: 0
JOB ORDER NR CTR EE OOC SPIIN CLIN SLIN DTE EST DTE COMP NTE ST CC GOVT
002118BLAA3 Q 252 0045 0002 02/06/08 09/15/10 C N

OBL AMT	540 AMT	530 AMT	510 AMT	610 AMT
.00	.00	.00	.00	10758.08

PPMT AMT	915 AMT	QTY	R QTY	FROZEN AMT
.00	.00	0	0	.00

USERID	DESCRIPTION	TT	AMOUNT	EXEC	C/D	FY	DT	QUANTITY	PROC	DTE
KAB0857			1500.00	610	D	08	C	0	03/31/10	
KAB0857	REOB 610D		1500.00	540	C	08	T	0	09/15/10	
KAB0857	FY08 CHIRO ASST		6010.72	540	D	08	T	0	09/15/10	



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1=FPHELP 3=EXIT 5=TOP 6=BOTTOM 7=BACKWARD 8=FORWARD 9=PRINT 12=CANCEL PF:

difference? As you can see on the second page, it is easily seen in the detailed STARS report that a user went in and manually deobligated the \$6,010.72. Now the “610” amount is not equal to the SPS contract amount because a modification was never processed, and the cumulative total on the funding document is also going to be incorrect. Unnecessary time and effort will now need to be expended trying to identify the discrepancy, reconcile the data, and prepare the contract for close out per the SOP requirements. LS

Personality Profile

Andrew Muenzfeld says Goodbye NMLC



Andy and wife Julie at the Naval Medical Logistics Command Holiday Party 2011.

of the world. But when I met my wife Julie, I decided that months at a time away at sea was not my vision of marriage. So I looked into a shore job that would use my education and experience and keep us in the area for family and Julie's teaching job. I was fortunate to be hired as a marine information specialist at the National Ocean Service in Rockville, Md., where I worked on maintaining a set of publications called The United States Coast Pilot. The work was interesting, but ultimately became somewhat repetitive. After eight years there,

a friend lured me to a program analyst position with Military Sealift Command (MSC), where we worked on sealift feasibility analyses for operations plans for the Central Command. Less than two years after taking that position, MSC moved from Northwest DC to the Navy Yard in Southeast DC. Although I loved the challenge of my job and worked with a great tri-service staff, the long commute soon became too much. I was able to move back to the National Ocean Service for a short period, but the job was the same one I'd left earlier and I

NMLC's former Chief of Operations, Andrew Muenzfeld, retired May 31, 2013, after 36 years of federal civil service. In his interview, he provides perspective of how someone who had dedicated so much of his life to the federal Government looks at things from the past and going forward.

You have more than 36 years of federal service. Can you recap your long career for us?

After graduating from the United States Merchant Marine Academy, I sailed as a ship's deck officer for several years. It was a great job for a young man, with good money, plenty of time off, and a chance to visit many parts



Andrew Muenzfeld in 1974 at the Military Ocean Terminal at Bayonne. The terminal was a U.S. military ocean terminal located in the Port of New York and New Jersey which operated from 1942 to 1999. The site is on Upper New York Bay south of Port Jersey on the eastern side of Bayonne, New Jersey. Since its closure it has undergone maritime, residential, commercial and recreational mixed-use development. Part of the Hudson River Waterfront Walkway runs along its perimeter. Look closely in the background — the World Trade Center is clearly visible.

LOGISTICALLY *speaking*



Andrew Muenzfeld in the Port of Kaohsiung, Taiwan, 1974.

wanted some new challenges. So I was right away looking for another position. At that time, all Federal vacancies were listed in a publication popularly known as the Brown Sheets. After pouring through those Brown Sheets every week for about six months, I found

a vacancy announcement for a program analyst position in a new healthcare contracting department at Naval Medical Materiel Support Command at Fort Detrick. I interviewed and was fortunate enough to get hired. After 10 years of commuting to the DC area, I was

happy just to be off the road. But since the department's function was brand new, I had no idea if it would survive, and I hoped for at least a year of not commuting. I guess I shouldn't have worried. Twenty-six years later I'm still here and the rest is history.



Andrew Muenzfeld in 1985 at his desk in Coast Pilot Branch, NOS.

You started your career as a merchant mariner. Is there one story that immediately comes to mind as you now bring your career to an end?

Being at sea as a young man was certainly an adventure and there are many stories. I guess one event has always stuck with me because it was such a great opportunity to learn and expand my comfort zone. I just don't think I realized those things at the time.

I was working for American Export Lines (AEL), sailing out of



On Temporary Additional Duty in San Diego, Calif., in 1989, while assigned to NMLC.

New York as a third mate on the Export Courier on a route to ports in the Orient. On just my second voyage as a Coast Guard licensed deck officer, our first port call was at Yokohama, Japan, which is in Tokyo Bay, one of the busiest port areas in the world. The trip up the bay to Yokohama is about 20 miles and most foreign vessels would employ a local bay pilot for the trip. But AEL tried to save money by having the ship's captain act as pilot. We arrived at the mouth of the bay on my watch at about 10 p.m. and I called the captain to come to the bridge for the trip up the bay. He said he'd be up in a few minutes and that I should change the ship's engines to maneuvering speed. Having done so, and now entering the wide shipping lane for inbound vessels, I called the captain again. Again he said he'd be up shortly and that I should start up the bay. Well, the shipping lanes in the bay were wide

and clearly marked, but the amount of traffic, including cross-traffic, was unbelievable -- especially at night when the only thing visible are hundreds of lights. There were so many targets on the radar screen that I decided it was best to just visually navigate the channel. Let's just say that I spent a tense hour plus

piloting up the bay. I didn't have any close calls, but the journey had my undivided attention. I never asked whether the captain had been "portholing" me to see if I knew what I was doing or if he just wasn't comfortable doing the job himself. Based on some other incidents on the voyage, I think it may have been the latter, but regardless, I was able to draw on that experience a number of times in coming voyages.

You have been at NMLC for 26 years. Can you briefly discuss the changes you have seen over the years and highlight some of the major differences and how the command has evolved?

If I had to highlight just one change, it would be technology, hands down. When I got here in 1987, the command had two Wang mini-computers with a bunch of dumb terminals. It was-



From left to right Code 07 is pictured in 1997: Lawrence Little, Barbara Hardy, Kelly Carley, Bill Fehlinger, Mary Lu Papa, Patty Oakley, Nanette Clark, Bill McKee, Andy Muenzfeld, Anne Marie Muller and Mimi McReal.

n't until Capt. Truran took command late in 1987 that the first personal computers were purchased, two of them, for Code 07. But even with those computers, the Internet was in its infancy and we still conducted most business by phone or letter. For example, the first Statements of Work compiled in Code 07 were all done by mail. We would receive a hard copy of each Commerce Business Daily and review it to find any solicitations for healthcare services. We would request a copy of a solicitation by mail and, when received, we would look for clauses that might



At a 2012 flag officer briefing, Andy Muenzfeld waits with other NMLC personnel. From left to right are Richard Schlegel, Andy Muenzfeld, Jeremy Toton, Margaret Ely and Lt. Cmdr. Gerald Hall.



Cmdr. Mary Seymour, NMLC's Executive Officer presents Andy Muenzfeld his 35 years of government service award.

be useful for our purposes. Those were cut out with scissors, put into an order, taped to pages and given to one of our clerks to type into

the Wang. It's amazing how, in such a relatively short period of time, we have taken for granted

the easy availability of information and the means to manipulate it.

In my mind, one of the main things that has kept NMLC a vibrant and interesting place to work has been the evolution of healthcare delivery. NMLC's product lines for equipment and services directly reflect all the private sector healthcare changes that have occurred over the past 20 years. We've kept abreast of the increases and improvements in medical equipment to ensure Sailors, Marines, and their families have access to the best that industry has to offer. On the

services side, our contracting initiatives have continually changed to match industry's moves toward more actively and effectively man-



Capt. J. B. Poindexter III, NMLC's Commanding Officer, tries to convince Andy to remain on for just one more year at the retirement celebration. Meanwhile, Andy takes the floor and addresses the crowd of more than 100 guests who came to bid him farewell.

aging healthcare delivery. In other words, the command has been very good at adapting its products to match the environment and meet the needs of our customers.

A key driver for that adaptive ability has been the focus on process. There were always groups or individuals around the command who recognized the benefits of process control. But I think we had a turning point toward excellence when we adopted a command-wide initiative to have an ISO-registered quality management system. Much like the availability of technology, I think it's easy to take for granted a way of doing business that focuses on repeatable processes and measuring results to continually make improvements.

NMLC has obviously evolved over the years. Are there any recommendations you could offer that might help the command to continue experiencing the success it has achieved over the last few years?

To me there are just a couple of keys -- things I touched on earlier. If you can stay focused on the needs of the customers and provide a service that is considered valuable by those customers, that's a winning combination. Along with that, it'll be important to figure out how best to navigate any changes that may come from formation of the Defense Health Agency.

What advice would you give to the person who will fill your position?

I would offer just one bit of advice and that is to work to build relationships with people throughout the command, from every code, from directors to staff. My successor, and in fact every individual in the command, can learn a lot from interacting with all the talented people who work at NMLC.

You have interacted with practically each person at NMLC. What would you like to express to them as you bid farewell?

One of the things that I know I will miss is collaborating every day with the intelligent and dedicated people who work at NMLC. We have faced a lot of challenges and solved a lot of problems together. We haven't always agreed, but those disagreements were borne out of our mutual desire to do what we thought best for the command and its customers. Having spent almost half my life working here, I know it won't be easy to just walk away. I'll often think of my friends and colleagues at NMLC. I wish them all well. I thank them for enriching my career and for helping me be a better person.

You considered retiring previously. What kept you from retiring before and what succeeded in helping you make your decision to retire now?

First let me say that I wear my nickname as the Brett Favre of NMLC with pride. It took plenty of starts and stops to gain that distinction. I suppose I've kept working because I always thought there



More than 100 guests from both from NMLC and from other commands and organizations were present for Andy Muenzfeld's going away celebration. Andy retired after 36 years of federal service on May 31, 2013.

gest, have a plan and save your money.

Please leave us with your parting thoughts about NMLC, federal service and life in general.

As I tried to express earlier, NMLC has been a big part of my life and I have loved working here. There are many memories of people and events that will stay with me. And many of the things I've learned will serve me well for

was more I could do. But at some point you realize that in spite of your best efforts there will always be something more to do, and you better be satisfied with what you've already accomplished. Plus there are many activities, projects and plans in my personal life that I've been putting off. So now it's time to accomplish some of those.

Can you describe some of what you'll be doing now that you have retired?

I plan on somewhat of a smorgasbord. I love being outdoors and plan to take full advantage of not being behind a desk five days a week. I'll be golfing in the summer, skiing in the winter, and taking trail runs year round. I've milled lumber from trees on my property and have some woodworking projects in mind. When I am inside, I've got a stack of books I've been saving and a bunch of great old movies that I've never got around to watching. I've got a large collection of old family photos that I'll continue to digitize

and share. Those photos are related to the genealogy work that I've been doing since the late 90s. There's still some research I'll be doing for that project, and then I'll be compiling all the family history information into a published book for them. I think those things will keep me busy, but I've been saying for a while that people don't place enough value on just doing nothing. So I plan on plenty of that as well.

What advice would you offer those who are considering retiring in the upcoming years?

I'm not sure I'm qualified to give advice on that just yet. Maybe a few months or a year from now, I'll have a better sense of what I should have done differently or better or earlier or later. For now, my advice is to make sure you're comfortable with your decision. Try to find that balance point in time between where you've been and where you want to go. And of course, as all the news outlets sug-

whatever I pursue in retirement.

In recent days, a number of people around the command have asked me to share with them some of those lessons learned. I don't think I have anything tremendously deep to share and don't want to preach, so here's the quick version: approach problems by first thinking globally, the big picture; add value in whatever you do; ask questions before jumping to conclusions; try to put yourself in the shoes of those who will be affected by your pending words or actions; pick your battles; and regularly spend some time in self reflection. I think those are some good ideas for being more effective. At least I think they've helped me and that's it for my advice.

I'll end by saying that it has been a privilege to have worked at NMLC with such a great group of professionals and to have shared in wonderful experiences and accomplishments. Thanks to each of you and best of luck for success in the future. **LS**

LOGISTICALLY *speaking*

Apr-Jun 2013

Naval Medical Logistics Command, Fort Detrick, Md.



NAVAL MEDICAL LOGISTICS COMMAND

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